

COAST GUARD OFFICERS' MESS ANNEXE, NOIDA

MEMBERSHIP FORM



1. Rank, name & No. : _____
2. Type of Membership : _____
3. Date of Birth : _____
4. Unit/Directorate : _____
5. Date of Appointment/ Retirement : _____
6. Designation : _____
7. Office Address : _____

8. Residential Address : _____

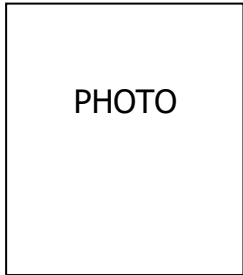
9. Contact Numbers : (Off.) : _____ (Res.) : _____
Mobile No. : _____
E-mail : _____
10. Any other membership : 1. _____
(if held) 2. _____
11. Family Details
(a) Spouse Name : _____
(b) Children : _____

Date:

(Signature of Applicant)

COUNTER SIGNATURE

M/S INTERGRATED HOTELS PVT. LTD.



DETAILS FORM

1. Name : _____
2. Age / DOB : _____
3. Contact No. : _____
4. Father/Mother/Spouse : _____
5. Contact No. : _____
6. Present Address : _____

7. Permanent Address : _____

8. Nationally : _____
9. Aadhar Details : _____

(Signature of Applicant)

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VERIFIED